

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90185 042 ****61.25

DOCUMENT # N06000004355

1. Entity Name
**ST. AUGUSTINE FOOT SOLDIERS REMEMBRANCE
PROJECT, INC.**



Principal Place of Business
**13 DR. R.B. HAYLING PLACE
ST. AUGUSTINE, FL 32084-4025**

Mailing Address
**PO BOX 164
ST. AUGUSTINE, FL 32084-4025**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-4826512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCAULIFFE, CYNTHIA
115 FERNAND AVE.
SAINT AUGUSTINE, FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **VICKERS, BARBARA H**
STREET ADDRESS **13 DR. R.B. HAYLING PLACE**
CITY-ST-ZIP **ST. AUGUSTINE, FL 320844025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCAULIFFE, CYNTHIA**
STREET ADDRESS **115 FERDINAND AVENUE**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KALANIK, BARBARA A**
STREET ADDRESS **8 WILLOW DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GARDENER, SALLY**
STREET ADDRESS **57 FULLERWOOD DR.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Vickers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Date

(904)829-5649

Daytime Phone #